

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1214SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/23/2009
NAME OF PROVIDER OR SUPPLIER VEGAS VALLEY REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109		
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Z 000	<p>Initial Comments</p> <p>Surveyor: 26251 This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on December 22, 2009 and finalized on December 23, 2009 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00023372 was unsubstantiated. Complaint #NV00023484 was substantiated with a deficiency cited (See Tag Z113). Complaint #NV00023650 was substantiated with deficiencies cited (See Tags Z113, Z230, and Z408). Complaint #NV00023702 was substantiated with no deficiencies cited.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z113 SS=D	NAC 449.74439 Comprehensive Plan of Care	Z113		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z113	<p>Continued From page 1</p> <p>4. Services provided to a patient in a facility for skilled nursing must: a) Comply with the professional standards of quality applicable to those services; and b) Be provided by qualified persons in accordance with the patient's plan of care.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26251 Based on observation, interview and record review, the facility failed to comply with its standard of care written in its care plan and failed to comply with a physician order regarding the same intervention written in its care plan in relation to feeding assistance for 1 of 11 residents (Resident #8).</p> <p>1. On November 5, 2009, Resident #8's care plan indicated the resident would receive feeding assistance as needed.</p> <p>2. Interview with Resident #8's daughter revealed that facility staff failed to provide feeding assistance for several meals weekly for a month (between October 16, 2009 and November 20, 2009). The daughter further commented Resident #8 needed more time than staff provided, and staff just left the meal trays on the bedside table and walked out.</p> <p>3. On 12/23/09, staff failed to provide physician ordered feeding assistance to Resident #8 at breakfast.</p> <p>4. The facility's staff failed to document that staff provided feeding assistance to Resident #8 beyond supervision, set up help, or any assistance at all in many cases between 10/16/09 and 12/23/09.</p>	Z113			

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Z113	<p>Continued From page 2</p> <p>5. The facility's staff documented 50% or lower meal intake for Resident #8 consistently between 10/16/09 and 12/23/09.</p> <p>6. Resident #8 lost 25 pounds between 10/16/09 and 12/23/09.</p> <p>Severity: 2 Scope: 1</p> <p>Surveyor: 28849 Based upon interview and record review, it was determined that the facility did not assess one of 11 sampled residents in a timely manner.</p> <p>Findings:</p> <p>An abbreviated survey was conducted on 12/22/09 and 12/23/09. A Nursing Policy and Procedure entitled "Nebulizer- hand held Aerosol Therapy", and Resident 11's clinical record were reviewed, and the Director of Nursing was interviewed during this survey.</p> <p>Resident 11 was admitted to the facility on 05/12/09 with diagnoses that included coronary artery disease, deep vein thrombosis, type 2 diabetes mellitus, and history of seizures, and intracranial hemorrhage. According to nursing documentation, on 06/15/09 at 2:30 AM, Resident 11 was assessed and found to have an oxygen saturation level of 82% without supplemental oxygen. Supplemental oxygen was then administered via a nasal cannula at 2 liters per minute, and then at 3 liters per minute. The Resident's oxygen saturation then increased to 92%. The notes reflect that an "SVN Tx Albuterol/Atrovent" was given. The next entry in the nursing documentation was written on</p>	Z113			

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Z113	<p>Continued From page 3</p> <p>06/16/09 at 7:30 AM. The entry states at that time Resident 11 was found to be unresponsive. Cardio-Pulmonary Resuscitation was administered and the resident was transported to the hospital.</p> <p>On 12/23/09, the Director of Nursing provided surveyors with the facility's Nursing Policy and Procedure entitled "Nebulizer-hand held aerosol therapy". The document states that after "all medications have been nebulized, remove nebulizer and turn off oxygen flow or air compressor". Further, the licensed nurse is then to assess: breath sounds, heart rate, and the amount, consistency, and color of the resident's sputum. The nurse is then required to document the following in the resident's medical record: date and time of treatment, therapy given, medication dosage, diluent's dosage, equipment used, length of treatment, oxygen or air used as a propellant, breath sounds and pulse rate before and after treatment, and any adverse reaction.</p> <p>The Director of Nursing was interviewed on 12/23/09 at 1:14 PM. She stated that the nebulizer treatment would have lasted about ten minutes and that the nurse should have documented as per facility policy "right after" the treatment. She was interviewed again on 12/23/09. She stated that she had reviewed the entire record for Resident 11 and that she had also conferred with the medical records representative, and that no documentation that Resident 11 was reassessed or seen after 2:30 AM until 7:30 AM.</p> <p>Severity: 2 Scope: 1</p>	Z113			

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Z230	Continued From page 4	Z230			
Z230 SS=D	<p>NAC 449.74469 Standards of Care</p> <p>A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26251 Based on observation, interview and record review, the facility failed to follow a physician's dietary orders and failed to provide and/or document physician ordered feeding assistance for 1 of 11 residents (Resident #8).</p> <p>1. On 12/23/09, staff failed to provide a bacon substitute for Resident #8 who was ordered a mechanical soft diet.</p> <p>2. On 12/23/09, staff provided 2% milk to Resident #8 who was on a lactose free diet.</p> <p>3. On 12/23/09, staff provided a lunch tray to Resident #8 without a main entree or a substitute.</p> <p>4. On 12/23/09, staff failed to provide physician ordered feeding assistance to Resident #8 at breakfast.</p> <p>5. Facility staff failed to document it provided physician ordered feeding assistance to Resident #8 from December 3, 2009 to December 23, 2009.</p>	Z230			

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Z230	Continued From page 5 Severity: 2 Scope: 1	Z230			
Z408 SS=D	<p>NAC 449.74525 Dietary Services</p> <p>4. A facility shall provide to each patient in the facility:</p> <p>(a) Food that is prepared to conserve the nutritional value and flavor of the food.</p> <p>(b) Food that is nourishing, palatable, attractive and served at the proper temperature.</p> <p>(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.</p> <p>(d) Who refuses the food that is regularly served by the facility, a substitute of similar nutritional value.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26251 Based on observation, interview and record review, the facility failed to provide substitutes of similar nutritional value and a well-balanced diet that met the daily nutritional needs of 1 of 11 residents (Resident #8).</p> <p>1. On 12/23/09, staff failed to provide a bacon substitute for Resident #8 who was ordered a mechanical soft diet.</p> <p>2. On 12/23/09, staff provided 2% milk to Resident #8 who was on a lactose free diet.</p> <p>3. On 12/23/09, staff provided a lunch tray to Resident #8 without a main entree or a substitute.</p> <p>Severity: 2 Scope: 1</p>	Z408			

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